



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

**School District Claim for  
State Reimbursement for  
School Bus Transportation**

State ☐  
District ☐  
County ☐

**DUE  
DATES:**

**First Semester**  
**February 1 to County Superintendent**  
**February 15 to State Superintendent**

**Second Semester**  
**May 10 to County Superintendent**  
**May 24 to State Superintendent**

**COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION:**

This claim is for the period beginning \_\_\_\_\_, 20\_\_\_\_ and ending \_\_\_\_\_, 20\_\_\_\_.  
month day month day

**CERTIFICATION:**

The information on this form is complete and accurate to the best of my knowledge.

Date		Signature, Chair, Board of Trustees						
County:		District:					District Level:	
<b>36 Phillips</b>		<b>0647 Dodson Elem</b>					<b>Elementary</b>	
Percentage	District #	Route #	Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #
60	2-A	36-2-A100 West	100	0.95	42	None	_____	_____
60	2-A	36-2-A-116 North	208	0.95	47	12/14/04	_____	_____
60	2-A	36-2-A-116ANorth	120	0.95	47	12/14/04	_____	_____
60	2-A	36-2-A-116BNorth	88	0.95	47	12/14/04	_____	_____
60	2-A	36-2-A-133 South	133	0.95	48	12/14/04	_____	_____



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<b>36 Phillips</b>		<b>0648 Dodson H S</b>					<b>High School</b>	
Percentage	District #	Route #	Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #
40	C	36-2-A100 West	100	0.95	42	None	_____	_____
40	C	36-2-A-116 North	208	0.95	47	12/14/04	_____	_____
40	C	36-2-A-116ANorth	120	0.95	47	12/14/04	_____	_____
40	C	36-2-A-116BNorth	88	0.95	47	12/14/04	_____	_____
40	C	36-2-A-133 South	133	0.95	48	12/14/04	_____	_____



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Date		Signature, Chair, Board of Trustees						
County:		District:					District Level:	
<b>36 Phillips</b>		<b>0657 Saco H S</b>					<b>High School</b>	
Percentage	District #	Route #	Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #
25	B	1	130	1.15	52	12/30/04	_____	_____
25	B	2	135	0.95	42	01/03/05	_____	_____
25	B	3	109	0.95	42	12/30/04	_____	_____
25	B	4	96.7	1.15	52	12/30/04	_____	_____



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Date		Signature, Chair, Board of Trustees						
County:		District:					District Level:	
<b>36 Phillips</b>		<b>0659 Malta K-12 Schools</b>					<b>High School</b>	
Percentage	District #	Route #	Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #
100	14A	1	76	1.15	53	12/30/04	_____	_____
100	14A	2	76.4	1.80	81	01/10/05	_____	_____
100	14A	3	110	0.95	36	12/30/04	_____	_____
100	14A	3-non	110	0.50	36	12/30/04	_____	_____
100	14A	4	93	0.95	21	12/30/04	_____	_____
100	14A	5	85	1.57	77	12/30/04	_____	_____
100	14A	6	92	1.15	52	12/30/04	_____	_____
100	14A	6-NON	92	0.50	52	12/30/04	_____	_____



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County:	District:						District Level:	
36 Phillips		0663 Whitewater K-12 Schools					High School	
Percentage	District #	Route #	Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #
100	D	1	162	1.15	54	12/31/04	_____	_____
100	D	2	143	0.95	49	01/18/05	_____	_____
100	D	3	80	1.15	54	01/18/05	_____	_____
100	D	4	158	0.95	48	01/18/05	_____	_____
100	D	5	48	0.95	36	01/18/05	_____	_____
100	D	6	118	0.95	43	12/31/04	_____	_____



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<b>36 Phillips</b>		<b>1203 Saco Elem</b>					<b>Elementary</b>	
Percentage	District #	Route #	Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #
75	12A	1	130	1.15	52	12/30/04	_____	_____
75	12A	2	135	0.95	42	01/03/05	_____	_____
75	12A	3	109	0.95	42	12/30/04	_____	_____
75	12A	4	96.7	1.15	52	12/30/04	_____	_____